

Attaching great importance

A knowledge of attachment theories can be invaluable in helping children's social workers solve many of the issues facing them, Judy Cooper finds

A fundamental understanding of attachment theories is one of the most important weapons in any social worker's armoury, according to Dr Patricia Crittenden. The US-based academic might be expected to say as much, being the chair of the International Association for the Study of Attachment. But, speaking to *Community Care* ahead of a five-day training course for UK social workers in December and January, she says attachment theories can solve many of the issues facing children's services. "It offers a better form of assessment. Good, thorough, expensive assessment can make a huge difference to outcomes and the cost of care pathways," Crittenden says. "Yet social workers end up apologising for taking too long to undertake a complex assessment of a complex situation. If it is carried out properly, using the theories of attachment to understand everybody's motivations, then it becomes much easier to identify those parents who have the wherewithal to change quickly and those who may be able to change but not quickly enough or within a timeframe that can help the child."

CHILD ABUSE CASES

"Once that decision is made we need to move quickly to a permanent placement. This idling in foster care doesn't help anyone."

She also points out that the body of research on attachment theory is growing and changing all the time, and her training course will offer some new ideas.

"Attachment theory is the parent-child process by which a person learns how to respond to the world and how they learn from the world," she says. "So using it is all about listening to a person and trying to reframe a presenting problem – a child's behaviour, a parent's inappropriate behav-

iour – in terms of what was the original intention. What are they trying to do but perhaps failing badly?"

In child abuse cases this may mean that appearances and natural assumptions can be wrong. "It's the case that sometimes a child will smile and smile again, such as in the Victoria Climbié and Baby P cases," Crittenden says. "Social workers noted that the children were happy and smiling (see box). But this is a learned defence mechanism. These children have learned that a smile puts their adult carer at ease and makes the child safer."

"So when a child is smiling or appearing happy, in a dramatically inappropriate situation such as following a serious injury, you need to view it as a possible warning sign that you should look a little deeper."

Attachment theory can also help when negotiating cultural differences, Crittenden says. "The UK, like the US, has a large number of immigrants from countries that are very different culturally from us. When dealing with them you are dealing with two very big issues. First, immigrants always imagine the world they are moving to is going to be better and magical. Many have unrealistic expectations and little knowledge of what to expect."

"Second, they usually come because things were going badly for them in their own country – they were in danger or they couldn't meet their children's needs. When they were in those situations they developed coping mechanisms, based on what they have learned will keep them safe."

"The problem is those coping strategies don't usually work in the UK and are often illegal. For example, they are told they are not allowed to hit their children."

"They feel threatened and alienated and all their learned self-protective strategies



"When a child appears happy following a serious injury, you need to view it as a warning sign that you should look deeper"

DR PATRICIA CRITTENDEN

WHAT IS ATTACHMENT THEORY?

Attachment theory focuses on how children form a bond with their primary caregiver and the influence it has on emotional development, growth into adulthood and parenthood. Half of all children show their first specific attachment between the age of 6-8 months, developing a fear of strangers and then attaching to other key figures afterwards.

kick in. So these immigrants often end up portraying extreme or almost caricature stereotypes of the cultures they come from because they are using self-protective strategies all the time to make sense of their surroundings. We should expect immigrants to show extreme examples of what is their normative culture."

IMMIGRANT FAMILIES

Crittenden says the US has done a lot of work on understanding why immigrant families show up so much in child protection cases: "An understanding of attachment, of knowing the right questions to ask to understand their own attachment and how they view the world might then give you a better understanding of why a parent is acting this way and what can be put in place to help them change that behaviour. It slows down the assumptions you might make and forces you to talk to them properly."

Crittenden is critical of the US and the UK systems for assuming that the best intervention work can only be done before the child turns five.

"Adolescence, for example. I agree that early adolescence is difficult to deal with. These children still need their parents, even if the home is not adequate, and they have not yet got full adult intelligence in how they process events and emotions."

"But the place that should be far more exciting for social workers is between the ages of 16 and 26. This is when the mind is relatively mature. These young people can take care of themselves physically – they could move out of home and survive and they are learning how to do so. That gives us a special chance to work with them before they have that first baby or relationship based on inappropriate need. If we can catch them in that window of opportunity we have the power to instigate big changes."

"Yet both the US and the UK have almost no services to fill this gap. We drop people right at the time we could be doing the most



A content face? But smiling can be a learned defence mechanism in babies and children

effective work with them. We don't have services attuned to this transitional period. Instead, we take them out of tough homes, where they have learned their coping strategies, and we expect them to survive and become responsible citizens. Unsurprisingly many turn to drugs or casual sex – which is a sign of a stressed and depressed adolescent."

"So we have two windows of opportunity in a child's life – when the baby is very young and again when the child makes the transition to becoming an adult. We must not neglect either of them."

→ Patricia Crittenden's five-day course is being held on 13-15 December and 28 February-1 March 2011 at The Winter Gardens Pavilion, Weston-super-Mare, Somerset. For more information visit www.inspire-events.co.uk or phone 0845 862 0087.

→ Inform subscribers can access an expert guide to attachment disorder written by Peter Toolan, consultant child and adolescent psychotherapist. Go to www.ccinform.co.uk

ALAMY

LOOK BEHIND THE SMILE

● Victoria Climbié was a patient in the North Middlesex Hospital in 1999 after suffering severe scalding. Nurse Sue Jennings recalled: "One of the nurses had given her a white dress and Victoria found some pink wellingtons which she used to wear with it. I remember Victoria dressed like this, twirling up and down the ward. She was a very friendly and happy child."

Source: *The Victoria Climbié Inquiry*

● Peter Connelly and his mother were assessed by a social workers after his first admission for non-accidental injuries in December 2006. The social worker reported that "he had a good attachment to his mother, smiles and is happy". Two months later a second social worker reported "a good relationship between the child and his mother" despite him head-butting the floor and his mother several times.

Source: *Serious Case Review Child A, Haringey Local Safeguarding Children Board*

Trust is key to effective joint working

My first social work job after qualification in 1983 was in a pilot project called the "patch team". I worked alongside a second social worker, two family assistants, a home care team and admin support under a senior social worker, in a geographically distinct area of about 6,000 homes.

There were three primary schools, a police station with a real bobby who walked his beat, a local housing office, a thriving community organisation and a laundrette, which was where you went to find out anything else. Our office was in the heart of the community and folk wandered in and out all day. We knew the people of the area and we could intervene early when needed but we were also on hand in times of crisis. This was the essence of why I came into social work.

Then there was "Cleveland" and social work retreated to big central offices where the expertise to respond to a flood of sexual abuse referrals could be better managed and co-ordinated.

Now again we are seeing new developments in social care delivery, whether it be social work units in Hackney, or a pilot project in Westminster. There are huge advantages in local delivery of social services, whether or not it is embedded in other, perhaps universal services, such as social workers and health visitors doing joint visits (see p16).

Professionals in universal services need and want to work more closely with social workers. For this to be effective, all parties need to trust each other better. Trust comes through the building of relationships, time spent listening and working together – and it must be a two-way process. These relationships will go a long way towards building a wider range of expertise in universal services and a greater confidence in child protection referrals.

Social workers will find strong allies for their cause among other professionals, since all ultimately want the same thing: children and families with safer, healthier and more fulfilled lives.

Helen Bonnick is a social worker and formerly a supervisor of school-home support workers



Bonnick: "It must be a two-way process"